

Emergency Form

Contact Dina with ANY know ALLERGIES

Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code _____
Mother's Name: _____ Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (____) _____ Cell #: (____) _____
Mother's Employer: _____ Work #: (____) _____
Mother's Employer Address: _____ City: _____ Zip Code _____
Father's Name: _____ Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (____) _____ Cell #: (____) _____
Father's Employer: _____ Work #: (____) _____
Father's Employer Address: _____ City: _____ Zip Code _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)

Name: _____
Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

(Use back for additional names.)
Name: _____
Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____
Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____
Child's Dentist: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of **(program's name)** _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it.

Signature of Parent or Guardian: _____ **Date:** _____

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